## EXHIBIT C

		PRO	OOF OF CLAIM		
Name of Debtor:		Case Nu	ımber:	1	
	AL MORTGAGE COMPANY				
NOTE: See Reverse for List	of Debtors and Case Numbers.			-	
	to make a claim for an administrative ex ent of the case. A "request" for payment		Check box if you are aware that anyone else has		
	ne filed pursuant to 11 U.S.C. § 503.		filed a proof of claim relating to your claim. Attach copy of	Ì	
Name of Creditor and		,	statement giving particulars.		
	ER FAMILY TRUST		Check box if you have		
DATED 1/20/9	72		never received any notices from the bankruptcy court or	DO NOT EU E TH	IS PROOF OF CLAIM FOR A
	IDSTER + PHYLLUS M, LIDS	STER	BMC Group in this case.		WEST IN A BORROWER THAT IS NOT
P.O. BOX 25			Check box if this address differs from the address on the	1 '	eady filed a proof of claim with the
MINDEN, NY			envelope sent to you by the court.		or BMC, you do not need to file again.
Creditor Telephone Number (		debtou	toor.	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or	other number by which creditor identifies	s deptor.	Check here repla	, a previously	y filed claim dated:
1. BASIS FOR CLAIM		Retiree	benefits as defined in 11 U.S	.C. § 1114(a)	Unremitted principal
Goods sold	Personal injury/wrongful death	☐ Wages,	salaries, and compensation (	fill out below)	Other claims against servicer
Services performed	Taxes		r digits of your SS #:	•	(not for loan balances)
Money loaned	Other (describe briefly)  SEE EXHIBIT A	Unpaid o	compensation for services pe	rformed from:	(date) to
2. DATE DEBT WAS INCUR	RED:	3. IF C	OURT JUDGMENT, DATE O	BTAINED:	(000)
	AIM. Check the appropriate box or boxes th	at best descr	ibe your claim and state the amo	unt of the claim at	the time case filed.
See reverse side for important	-		SECURED CLAIM		
	TY CLAIM \$ 602,096.29 Ino colleteral or lien securing your claim, or b	h) wour claim	Check this box if y	our claim is secu	red by collateral (including
exceeds the value of the pro-	operty securing it, or if c) none or only part of		a right of setoff).		
entitled to priority.  UNSECURED PRIORITY CL	AIM		Brief description of	-	_
	an unsecured claim, all or part of which is		Real Estate	Motor Vehick	Other
entitled to priority.			Value of Collateral	: \$ UNK	(NOWN
Amount entitled to priority	\$		Amount of arrearage a	nd other charges	at time case filed included in
Specify the priority of the cl			secured claim, if any:	\$	<u> </u>
<u>                                     </u>	as under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225" of deposits tow services for personal, family,		
	sions (up to \$10,000)*, earned within 180 day by petition or cessation of the debtor's	<sup>уз</sup> г	Taxes or penalties owed to go		
business, whichever is earli			Other - Specify applicable par		• • • • • • • • • • • • • • • • • • • •
Contributions to an employe	se benefit plan - 11 U.S.C. § 507(a)(5).	_	* Amounts are subject to adju		
5. TOTAL AMOUNT OF CLA	IM \$ 101 041 14 \$	101	with respect to cases comme	nced on or after the	
AT TIME CASE FILED:	4 55 - 1/1 - 1/2 - 1		096.29 \$	/	\$ 602,096.29
Check this box if claim inch	(unsecured) udes interest or other charges in addition to	•	secured) amount of the claim. Attach ite	( priority) emized statement (	(Total)  of all interest or additional charges.
6. CREDITS: The amount of	f all payments on this claim has been on	edited and o	deducted for the purpose of r	naking this proof	of claim.
7. SUPPORTING DOCUM	IENTS: <u>Attach copies of supporting do</u> ts, court judgments, mortgages, security	cuments, so	uch as promissory notes, pur	chase orders, inv	roices, itemized statements of OT SEND ORIGINAL
DOCUMENTS. If the doc	uments are not available, explain. If the	documents	s are voluminous, attach a su	mmery.	
8. DATE-STAMPED COP proof of claim.	Y: To receive an acknowledgment of t	the filing of y	your claim, enclose a stampe	d, self-addressed	d envelope and copy of this
ACCEPTED) so that it is	pleted proof of claim form must be se actually received on or before 5:00 pr	m, prevalli	ng Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units).	y (including individuals, partnerships,	-			
BY MAIL TO: BMC Group		BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO up	):	
Attn: USACM Claims Doc	keting Center	Attn: USA	ACM Claims Docketing Cente	or	
P. O. Box 911 El Segundo, CA 90245-09	911		st Franklin Avenue do, CA 90245		
	SIGN and print the name and title, if any, of	the creditor o	r other person authorized to file		
1/10/07	this claim (attach copy of power, of atto	omey, if any):	Thankel		

Caco 06 10725 gueza 5000 9526 2 a 5	teres 06/22/44 41:22-01 Page 2 of 11
And Anase and Astron Antalin PK	OOF OF CLAIM
Name of Debtor Case No	umber
WSA Commercial Mortgage Company Ob-	10725-LBR
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503	Check box if you are aware that anyone else has filed a proof of claim relating
Name of Creditor and Address	to your claim Attach copy of statement giving particulars
JEANNINE M GAHRING REVOCABLE TRUST DATED 6/27/97 C/O JEANNINE M GAHRING TRUSTEE 17282 CANDLEBERRY IRVINE CA 92612-2310  Creditor Telephone Number (949) 352 - 8848	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the court  Check box if this address on the envelope sent to you by the court  DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS  If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor $ClentL.D.45760$	Check here replaces or a previously filed claim dated
	if this claim amends
Goods sold Personal injury/wrongful death Wages,	benefits as defined in 11 U S C § 1114(a)  Salaries, and compensation (fill out below)  If digits of your SS #  Unremitted principal  Other claims against servicer (not for loan balances)
Money loaned Other (describe briefly) Unpaid Money Invested in Tru	compensation for services performed from to
	OURT JUDGMENT, DATE OBTAINED
4 CLASSIFICATION OF CLAIM Check the appropriate boxfor boxes that best desc See reverse side for important explanations	ribe your claim and state the amount of the claim at the time case filed
UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM
Check this box if a) there is no collateral or lien securing your claim, or b) your claim	Check this box if your claim is secured by collateral (including a right of setoff)
exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority	a right of setoff)  Brief description of collateral
UNSECURED PRIORITY CLAIM	Real Estate Motor Vehicle Other 2-TRust Dec
Check this box if you have an unsecured claim, all or part of which is entitled to priority	Value of Collateral \$75,000 Haces Vineyas
Amount entitled to priority \$  Specify the priority of the claim	Amount of arrearage and other charges at time case filed included in secured claim, if any \$
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward purchase lease or rental of property or
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	services for personal family or household use 11 U S C § 507(a)(7)  Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)
business whichever is earlier - 11 U S C § 507(a)(4)	Other Specify applicable paragraph of 11 U S C § 507(a)(8)
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date-of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$ 75,0	00 \$ \$75,600
AT TIME CASE FILED	(secured) (pnonty) (Total)
Check this box if claim includes interest or other charges in addition to the principal	amount of the claim Attach itemized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited and 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , surunning accounts, contracts court judgments, mortgages, security agreement DOCUMENTS if the documents are not available, explain if the documents.	uch as promissory notes, purchase orders invoices, itemized statements of ts, and evidence of perfection of lien DO NOT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of proof of claim	· · · · · · · · · · · · · · · · · · ·
The original of this completed proof of claim form must be sent by mail ACCEPTED) so that it is actually received on or before 5 00 pm, prevails for each person or entity (including individuals, partnerships, corporating governmental units)	ng Pacific time, on November 13, 2006 USE ONLY
BY MAIL TO BY HAND BMC Group BMC Gro	OR OVERNIGHT DELIVERY TO
I au iamanima mara a a	
	oup ACM Claims Docketing Center
P O Box 911 1330 Ea El Segundo, CA 90245-0911 El Segur	oup ACM Claims Docketing Center st Franklin Avenue ido CA 90245
P O Box 911 1330 Ea	oup ACM Claims Docketing Center st Franklin Avenue ado CA 90245 or other person authorized to file
P O Box 911 1330 Ea El Segundo, CA 90245-0911 El Segur DATE SIGN and print the name and title if any of the creditor,	oup ACM Claims Docketing Center st Franklin Avenue ado CA 90245 or other person authorized to file

Case 06a16a785-000725-1000 85126m321 Equipment 106d2841417101732 104ge Plagrer4 of 11

United States Bankruptcy Court	Dist	RICT OF	Nevada		PROOF OF CLAIM
Name of Debtor USA Commercial Mortgage company  Case Number 06-10725-LBR				PROOF OF GENIM	
NOTE: This form should not be used to make a claim for an administ of the case. A "request" for payment of an administrative expense ma	strative expe by be filed p	nse arising ursuant to	g after the co	mmencement 503.	]
Name of Creditor (The person or other entity to whom the debtor owes money or property): Joy investment inc.,a Nevada Corporation	else i	nas filed a claim. At g particula		m relating to	
Name and address where notices should be sent: Joy investment Inc 8080 Harborview Road	notice case.	es from the	he bankruptcy he addr <del>es</del> s dif	y court in this	
Blaine, WA 98230 Telephone number: (360)961-4463	the c	ourt.	envelope sen	nt to you by	THIS SPACE IS HIR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor:		k here s claim	replaces amends 8	previously fil	ed claim, dated:
1. Rasis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes See Exhibit A	1. Resis for Claim  Goods sold Services performed Money loaned Personal injury/wrongful death  Retiree benefits as defined in 11 Wages, salaries, and compensati Last four digits of your SS #: Unpaid compensation for service from				ation (fill out below)
2. Date debt was incurred: 01-01-2004	3.	If cour	t judgment,	date obtaine	d:
See reverse side for important explanations.  Unsecured Nonpriority Claim \$ 909,470  Check this box if: a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority.  Unsecured Priority Claim  Check this box if you have an unsecured claim, all or part of entitled to priority.  Amount entitled to priority \$	which is	Amour secured	of setoff).  Brief Descript Real Estat Value of Colle at of arrearage d claim, if an	tion of Collate te Motor ateral: \$_Ur e and other cha y: \$_14,000	Vehicle Other————————————————————————————————————
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) (a)(1)(B)	or	§ 507(a)	(7).	•	ental units - 11 U.S.C. § 507(a)
Wages, salaries, or commissions (up to \$10,000),* earwed with days before filing of the bankruptcy petition or cessation of the deb business, whichever is earlier - 11 U.S.C. § 507(a)(4).  Contributions to an employee benefit plan - 11 U.S.C. § 507(a)	tor's 📙	Other - S	Specify applic e subject to a	cable paragrapi	h of 11 U.S.C. § 507(a)(). /1/07 and every 3 years thereafter or after the date of adjustment.
5. Total Amount of Claim at Time Case Filed:  Check this box if claim includes interest or other charges in ad		909,47	ed) (s	0.470 ecured)	909,470 (priority) (Total)
interest or additional charges.  6. Credits: The amount of all payments on this claim has been					THIS SPACE IS FOR COURT USE ONLY
making this proof of claim.  7. Supporting Documents: Attach copies of supporting documents, invoices, itemized statements of running accounts, contragreements, and evidence of perfection of lien. DO NOT SET documents are not available, explain. If the documents are volt 8. Date-Stamped Copy: To receive an acknowledgment of the faddressed envelope and copy of this proof of claim.  Date  Sign and print the name and title, if any, of file this claim (attach copy of power of attach co	ments, such a racts, court on ORIGIN DORIGIN Dominous, att filing of you the creditor	as promis judgment NAL DOO ach a sun ir claim, c	ssory notes, piss, mortgages CUMENTS. nmary. enclose a stan	ourchase s, security If the mped, self- prized to	ima Simul & Ilak Cauri Usi; Unil)

Cas	se <u>96a16765-00725-Poc 85</u> 16	π <sup>2</sup> 18 <b>5</b> 5	OF OF CLAIM	<del>32 Page Pa</del>	gre <sub>2</sub> 5 of 11
		PRU	OF OF CLAIM		
Name of Debtor:		Case Number:			
USA Commercia	ll Mortgage Company	06-10	725 LBP		
NOTE: See Reverse for List This form should not be used arising after the commencen	t of Debtors and Case Numbers. It to make a claim for an administrative expent of the case. A "request" for payment be filed pursuant to 11 U.S.C. § 503.		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and	Address:		to your claim. Attach copy of statement giving particulars.		
C/O KENNE 2742 CARIN	TI32124100114 RUST DATED 7/3/97 TH KEFALAS & DEBBIE KEFALAS TRUS IA WAY IN NV 89052-4055		Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  Check box if this address differs from the address on the envelope sent to you by the	SECURED INTER ONE OF THE DE If you have air	IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS. eady filed a proof of claim with the or BMC, you do not need to file again.
Creditor Telephone Number			court.	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or	other number by which creditor identifies 3575	debtor:	Check here replace or if this claim amer	<ul> <li>a previously</li> </ul>	filed claim dated:
1. BASIS FOR CLAIM	Г	Retiree h	enefits as defined in 11 U.S.		Unremitted principal
Goods sold	Personal injury/wrongful death	_	salaries, and compensation (	•	Other claims against servicer
Services performed	Taxes		digits of your SS #:		(not for loan balances)
Money loaned	Other (describe briefly)		ompensation for services pe	rformed from:	to (date) (date)
2. DATE DEBT WAS INCUF			OURT JUDGMENT, DATE O		
	AIM. Check the appropriate box or boxes the	at best descri	be your claim and state the amo	unt of the claim at	the time case filed.
See reverse side for important UNSECURED NONPRIORI	•		SECURED CLAIM		
Check this box if: a) there exceeds the value of the p	is no collateral or lien securing your claim, or by roperty securing it, or if c) none or only part of y		Check this box if you a right of setoff).	our claim is secu	red by collateral (including
entitled to priority. UNSECURED PRIORITY C			Brief description of	collateral:	
	LAIM an unsecured claim, all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority.	part of miletine		Value of Collateral	s <u>5</u>	0,000.
Amount entitled to priority  Specify the priority of the o	\$		Amount of arrearage ar secured claim, if any:		at time case filed included in
Specify the priority of the o	elaim: ons under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits towe	ard purchase, lease	
Wages, salaries, or comm	issions (up to \$10,000)*, earned within 180 days	*	services for personal, family, o	or household use -1	11 U.S.C. § 507(a)(7).
business, whichever is ear	otcy petition or cessation of the debtor's dier - 11 U.S.C. § 507(a)(4).		Taxes or penalties owed to go		•
	yee benefit plan - 11 U.S.C. § 507(a)(5).		Other - Specify applicable pan * Amounts are subject to adjust	stment on 4/1/07 a	nd every 3 years thereafter
5 TOTAL AMOUNT OF CO	AIM ¢	17	with respect to cases commer		
5. TOTAL AMOUNT OF CL. AT TIME CASE FILED:		<u> </u>	),000 \$	( priority)	
Check this box if claim inc	(unsecured) ludes interest or other charges in addition to t	•	ecured) amount of the claim. Attach ite	( priority) mized statement o	(Total)  of all interest or additional charges.
7. SUPPORTING DOCU running accounts, contra DOCUMENTS. If the do 8. DATE-STAMPED COI	of all payments on this claim has been cre MENTS: <u>Attach copies of supporting doc</u> cts, court judgments, mortgages, security cuments are not available, explain. If the PY: To receive an acknowledgment of the	cuments, su agreements documents	ch as promissory notes, pure s, and evidence of perfection are voluminous, attach a sui	chase orders, inv of lien. DO NO mmary.	roices, itemized statements of IT SEND ORIGINAL
proof of claim.  The original of this com	npleted proof of claim form must be ser	ot hy mall a	or hand delivered (EAVEC )	IOT	THIS SPACE FOR COURT
ACCEPTED) so that it is for each person or entit governmental units).	e actually received on or before 5:00 pn by (including individuals, partnerships,	n, prevailin	g Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
BY MAIL TO: BMC Group		BY HAND O	OR OVERNIGHT DELIVERY TO	):	
Attn: USACM Claims Do	cketing Center	Attn: USA	.CM Claims Docketing Cente	r	
P. O. Box 911 El Segundo, CA 90245-0	911		t Franklin Avenue do, CA 90245		
DATE	SIGN and print the name and title, if any, of the this claim (attach copy of power of attor	he creditor or mey, if any):	other person authorized to file		
	paul				

FORM B10 (Official Form 10) (10/05)			
UNITED STATES BANKRUPTCY COURT, DISTRICT OF	NEVADA		PROOF OF CLAIM
Name of Debtor	Case Numb	oer	
USA COMMERCIAL MORTGAGE COMPANY	06-107	25	
NOTE: This form should not be used to make a claim for an administrative			
case. A "request" for payment of an administrative expense may be filed p			
Name cf Creditor (The person or other entity to whom the debtor owes money or property)	else has	ox if you are aware that anyone filed a proof of claim relating	
CHRISTINA M. KEHL		laim. Attach copy of statement	
		articulars.	
Name & address where notices should be sent:		ox if you have never received ces from the bankruptcy court	
JANET L. CHUBB, ESQ. JONES VARGAS	in this c		
P.O.BOX 281	□ Check b	ox if the address differs from	
RENO, NV 89504-0281		ess on the envelope sent to you	THIS SPACE FOR COURT USE ONLY
Telephone number: 775-786-5000	by the c		THIS GIVE POR COOK! OSE ONC!
Last four digits of account or other number by which creditor identifies debtor: 500953.5		☐ replaces ☐ replaces ☐ amends—a previously filed of	daim. datad
identifies debtor: 500953.5	if this claim	a mends a previously filed of	claim, dated
1. BASIS FOR CLAIM	□ R	etiree benefits as defined in 11 U	J.S.C. § 1114(a)
□ Goods sold		ages, salaries, and compensation	_ ,,
Services performed		ast four digits of your SS #	
□ Money loaned	U	npaid compensation for services	performed from
☐ Personal injury/wrongful death			
☐ Taxes ■ Other <u>DEBTOR'S BREACHES</u> (see adversary complain	nt)	om to	(date)
2. Date debt was incurred:		ourt judgment, date obtained:	(date)
2.003-2005	3. 110	Mit Judgment, date obtained.	
4. Classification of Claim. Check the appropriate box or boxes	that boot desc	riba yayır oloim and state the am	ount of the eleien at the time age.
filed. See reverse side for important explanations.	that best desc	nibe your claim and state the am	ount of the claim at the time case
•	ract lace onti	Secured Claim.	j
Unsecured Nonpriority Claim \$ 1.023.023.12 + accrued inter-		☐ Check this box if your cla	m is secured by collateral
postpetition payment received.	-	(including a right of set	off)
□ Check this box if: a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if d		Brief description of colla	
only par: of your claim is entitled to priority.	-,		r Vehicle D Other
		Value of Collateral: \$	
Unsecured Priority Claim.  ☐ Check this box if you have an unsecured claim, all or part of the control of the	which is	Amount of arrearage and other included in secured claim, if a	
entitled to priority.			
Amount entitled to priority \$			
Specify the priority of the claim:	□ Up	to \$2,225* of deposits toward poperty or services for personal, f	ourchase, lease or rental of
☐ Domestic support obligations un 11 U.S.C. § 507(a)(1)(A) or) (a)(1)(B	) Ü.	S.C. § 507(a)(7)	army or nousehold use - 11
☐ Wages, salaries, or commissions (up to \$10,000),* earned with	□ Tax	es or penalties owed to governm	ental units - 11 U.S.C. §
180 days before filing of the bankruptcy petition, or cessation of	the	7(a)(8)	
debtor's business whichever is earlier- 11 U.S.C. § 507(a)(4)	TO $\square$	HER - Specify applicable paragr	raph of 11 U.S.C. § 507(a) ().
☐ Contributions to an employee benefit plan 11 U.S.C. § 507(a	<i>'</i> \',	unts are subject to adjustment on 4/1 ith respect to cases commenced on o	
	3,023.12+/-	SS	\$
☐ Check this box if claim includes interest or other charges in ac	nsecured) ddition to the 1		ority) (Total)
interest or additional charges.		inospai anoant of the change 7	man nemized statement of an
6. Credits: The amount of all payments on this claim has been cr	redited and de	ducted for the purpose of making	g This Space is for Court Use Only
this proof of claim. SEE ABOVE.  7. Supporting documents: Attach copies of supporting documents.	rte such se pe	misson, notes nurchasa ordera	
invoices, itemized statements of running accounts, contracts, cour			}
and evidence of perfection of lien. DO NOTSEND ORIGINAL I	DOCUMENTS		
available, explain. If the documents are voluminous, attach a sur			
8. Date-Stamped copy: To receive an acknowledgment of the fil	ling of your cla	um, enclose a stamped, self-	
addressed envelope and a copy of this proof of claim.  Date Sign and print the name and title, if any, of the c	creditor or other	er person authorized to file this	
olaim (attach copy of power of attorney, if any):		•	
12/0/06	TUDD ECO	TOTAL PARTY FOR ATTACKED	Tr. I

FORM E10 (Official Form 10) (10/05)		
United States Bankruptcy Court, District Of	NEVADA	PROOF OF CLAIM
Name of Debtor	Case Number	1
	06-10725	
USA COMMERCIAL MORTGAGE COMPANY		
NOTE This form should not be used to make a claim for an administrative case. $\Lambda$ "request" for payment of an administrative expense may be filed	ve expense arising after the commencement of the pursuant to 11 U.S.C. Section 503.	
Name of Creditor (The person or other entity to whom the	☐ Check box if you are aware that anyone	
debtor owes money or property)	else has filed a proof of claim relating	
WEYNI WEIII	to your claim. Attach copy of statement	
KEVIN KEHL	giving particulars.	
Name & address where notices should be sent:	☐ Check box if you have never received	}
JANET L. CHUBB, ESQ.	any notices from the bankruptcy court in this case.	}
JONES VARGAS P.O.BOX 281	☐ Check box if the address differs from	}
RENO. NV 89504-0281	the address on the envelope sent to you	
Telephone number: 775-786-5000	by the court.	THIS SPACE FOR COURT USE ONLY
Last four digits of account or other number by which creditor	Check here □ replaces	
identifies debtor: 500953.5	if this claim amends a previously filed	claim, dated
1. BASIS FOR CLAIM	☐ Retiree benefits as defined in 11	U.S.C. § 1114(a)
□ Goods sold	☐ Wages, salaries, and compensation	_
□ Services performed	Last four digits of your SS #	
☐ Money loaned	Unpaid compensation for service	
☐ Personal injury/wrongful death	•	_
□ l'axes	from to (date)	
<ul> <li>Other <u>DEBTOR'S BREACHES</u> (see adversary complain</li> </ul>	nt) (date)	(date)
2. Date debt was incurred:	3. If court judgment, date obtained:	
2003-2005		
4. Classification of Claim. Check the appropriate box or boxes	that best describe your claim and state the ar	rount of the claim at the time case
filed. See reverse side for important explanations.	that best describe your claim and state the ar	nount of the claim at the time case
• •	Secured Claim.	1
Unsecured Nonpriority Claim \$ 961,017.34 + accrued interes	- Check this box it your	claim is secured by collateral
postpetition payments received	(morading a right of	setoff)
□ Check this box if: a) there is no collateral or lien securing yo		llateral:
b) your claim exceeds the value of the property securing it, or if o	1) none or $\square$ Real Estate $\square$ Mo	otor Vehicle  Other
only part of your claim is entitled to priority.	Value of Collateral	
Unsecured Priority Claim.		her charges at time case filed
☐ Check this box if you have an unsecured claim, all or part of	which is included in secured claim, i	f any:
entitled to priority.		
Amount entitled to priority \$		
Specify the priority of the claim:	Up to \$2,225* of deposits toward property or services for personal,	purchase, lease or rental of
Domestic support obligations un 11 U.S.C. § 507(a)(1)(A) or	property or services for personal, U.S.C. § 507(a)(7)	family or household use - 11
(a)(1)(B	☐ Taxes or penalties owed to govern	mental units - 11 U.S.C. 8
☐ Wages, salaries, or commissions (up to \$10,000),* earned with	hin 507(a)(8)	
180 days before filing of the bankruptcy petition, or cessation of debtor's business whichever is earlier- 11 U.S.C. § 507(a)(4)	the  OTHER - Specify applicable para	graph of 11 U.S.C. 8 507(a) ( )
		• • • • • • • • • • • • • • • • • • • •
☐ Contributions to an employee benefit plan 11 U.S.C. § 507(a	a)(4) *Amounts are subject to adjustment on 4. with respect to cases commenced on	
——————————————————————————————————————	667.05 +/- \$ S	\$
•	, , ,	iority) (Total)
Check this box if claim includes interest or other charges in a interest or additional charges.	addition to the principal amount of the claim.	Attach itemized statement of all
6. Credits: The amount of all payments on this claim has been on this proof of claim. SEE ABOVE.	redited and deducted for the purpose of make	THIS SPACE IS FOR COURT USE ONLY
7. Supporting documents: Attach copies of supporting document	nts, such as promissory notes purchase orders	
invoices, itemized statements of running accounts, contracts, cour		·
and evidence of perfection of lien. DO NOTSEND ORIGINAL I	DOCUMENTS. If the documents are not	
available, explain. If the documents are voluminous, attach a sun		
8. Date-Stamped copy: To receive an acknowledgment of the fil	ling of your claim, enclose a stamped, self-	
addressed envelope and a copy of this proof of claim.	reditor or other person sutherized to Election	
Date Sign and print the name and title, if any, of the claim (attach copy of power of attorney, if any):		
	BB, ESQ. ATTORNEY FOR CLAIMANT	
Penalty for presenting fraudulent claim: Fine of up to \$500,000		

Case 06a10705-000725-000725-0006012 12/11/2006 09:19 FAX 7757861177

LIAMAND CTATES BANKS INTO COLUMN DISTRICT OF	NESTADA						
UNITED STATES BANKRUPTCY COURT, DISTRICT OF	NEVADA	PROOF OF CLAIM					
Name of Debtor	Case Number						
USA COMMERCIAL MORTGAGE COMPANY	06-10725	}					
NOTE: This form should not be used to make a claim for an administrativ							
case. A "request" for payment of an administrative expense may be filed p	pursuant to 11 U.S.C. Section 503.						
Name of Creditor (The person or other entity to whom the	☐ Check box if you are aware that anyone						
debtor owes money or property)	else has filed a proof of claim relating						
ROBERT J. AND RUTH ANN KEHL	to your claim. Attach copy of statement giving particulars.						
Name & address where notices should be sent:	☐ Check box if you have never received						
JANET L. CHUBB, ESQ.	any notices from the bankruptcy court						
JONES VARGAS	in this case.						
P.O.BOX 281   RENC, NV 89504-0281	Check box if the address differs from the address on the envelope sent to you						
Telephone number: 775-786-5000	by the court.	THIS SPACE FOR COURT USE ONLY					
Last four digits of account or other number by which creditor	Check here □ replaces						
identifies debtor: 500953.5	if this claim □ amends a previously filed	claim, dated					
1. BASIS FOR CLAIM	☐ Retiree benefits as defined in 11 l	J.S.C. § 1114(a)					
☐ Goods sold	☐ Wages, salaries, and compensation						
□ Services performed	Last four digits of your SS #						
☐ Money loaned ☐ Personal injury/wrongful death	Unpaid compensation for service	s performed from					
Taxes	from to						
Other DEBTOR'S BREACHES (see adversary complain	from toto	(date)					
2. Date debt was incurred:	3. If court judgment, date obtained:						
2003-2005							
4. Classification of Claim. Check the appropriate box or boxes	that best describe your claim and state the am	ount of the claim at the time case					
filed. See reverse side for important explanations.	Secured Claim.						
Unsecured Nonpriority Claim \$ 12,841,580.13 + accrued inter	Check this how if your ala	im is secured by collateral					
postpetition payments received	(including a right of se						
<ul> <li>Check this box if: a) there is no collateral or lien securing you</li> <li>b) your claim exceeds the value of the property securing it, or if d</li> </ul>		teral:					
only part of your claim is entitled to priority.	Real Estate D Moto	r Vehicle 🗆 Other					
	Value of Collateral: \$						
Unsecured Priority Claim.  Check this box if you have an unsecured claim, all or part of entitled to priority.	Amount of arrearage and othe which is included in secured claim, if a	·					
Amount entitled to priority \$							
Specify the priority of the claim:	☐ Up to \$2,225* of deposits toward p	ourchase, lease or rental of					
☐ Domestic support obligations un 11 U.S.C. § 507(a)(1)(A) or)	property or services for personal, f U.S.C. § 507(a)(7)	amily or household use - 11					
(a)(1)(B	☐ Taxes or penalties owed to govern	nental units - 11 U.S.C. 8					
Wages, salaries, or commissions (up to \$10,000),* earned within 507(a)(8)							
180 days before filing of the bankruptcy petition, or cessation of the debtor's pusiness whichever is earlier- 11 U.S.C. § 507(a)(4) UTHER - Specify applicable paragraph of 11 U.S.C. § 507(a) ().							
Contributions to an employee benefit plan 11 U.S.C. § 507(a)(4) *Amounts are subject to adjustment on 4/1/98 and every3 years thereafter							
	with respect to cases commenced on						
	41,680.13 +/- \$ s nsecured) (secured) (pri	ority) (Total)					
☐ Check this box if claim includes interest or other charges in ac	,						
interest or additional charges.							
<ol><li>Credits: The amount of all payments on this claim has been or this proof of claim. SEE ABOVE</li></ol>	redited and deducted for the purpose of making	THIS SPACE IS FOR COURT USE ONLY					
7. Supporting documents: Attach copies of supporting document							
invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements,							
available, explain. If the documents are voluminous, attach a sum	and evidence of perfection of lien. DO NOTSEND ORIGINAL DOCUMENTS. If the documents are not						
8. Date-Stamped copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-							
addressed envelope and a copy of this proof of claim.							
Sign and print the name and title, if any, of the c slaim (attach copy of power of attorney, if any):	reditor or other person authorized to file this						
	UBB, ESQ. ATTORNEY FOR CLAIMAN	r					
Penals for presenting fraudulent claim: Fine of up to \$500,000							

	Case	0610725-awz-2-Doc 8526	ദ-2 ഫിട്ടാ	utoro <del>rd</del> ::06/22//11/16/51:1	22 <del>-</del> 01	na 0 ∩f 11
¢	CHITED STATE		PRO	OOF OF CLAIM	<del>i Page Yo</del> l	AA O TI
Name	of Debtor:		Case Number:		1	
u	SA COMMER	cial Montgage Company	106	10725 LB	<b>L</b>	
This for arising adminis	rm should not be used after the commencem	of Debtors and Case Numbers. to make a claim for an administrative exent of the case. A "request" for payment be filed pursuant to 11 U.S.C. § 503.		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name	KENNETH L TRUST DATE C/O KENNET 10 TOWN PL	T13212410011: SCHUMANN LIVING ED 7/19/96 TH L SCHUMANN TRUSTEE	51	statement giving particulars.  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  Check box if this address differs from the address on the envelope sent to you by the	SECURED INTER ONE OF THE DE If you have air	HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS. ready filed a proof of claim with the t or BMC, you do not need to file again.
Credito	or Telephone Number	170 749 5418		court.	1	CE IS FOR COURT USE ONLY
Last for	ur digits of account or	other number by which creditor identifies $3 \it{l} \it{5} \it{4}$	debtor:	Check here repla if this claim amer	a previously	y filed claim dated:
	IS FOR CLAIM		Retiree	penefits as defined in 11 U.S.	.C. § 1114(a)	Unremitted principal
	oods sold	Personal injury/wrongful death	Wages,	salaries, and compensation (	fill out below)	Other claims against servicer
	ervices performed	☐ Taxes		digits of your SS #:	0760	(not for loan balances)
BET IN	loney loaned	Other (describe briefly)	Unpaid o	compensation for services pe	erformed from:	to
2. DAT	E DEBT WAS INCUR	RED:	3. IF C	OURT JUDGMENT, DATE O	OBTAINED:	(date) (date)
		AIM. Check the appropriate box or boxes th			unt of the claim at	
ł	reverse side for important CURED NONPRIORIT	•	xg)	SECURED CLAIM		ertain 1
		s no collateral or lien securing your claim, or b	o) your claim		our claim is secu	red by collateral (including
ех		operty securing it, or if c) none or only part of		a right of setoff).		
	CURED PRIORITY CL	AIM		Brief description of		Пан
		an unsecured claim, all or part of which is		Real Estate	_	e U Other
1	ititled to priority.	•		Value of Collateral		
	nount entitled to priority	<b>&gt;</b>		Amount of arrearage as secured claim, if any:		at time case filed included in
	pecify the priority of the cla comestic support obligation	ain: ns under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	_	Up to \$2,225* of deposits toward		o or rental of property or
I —		ssions (up to \$10,000)*, earned within 180 day	_	services for personal, family, of		
L be	efore filing of the bankrupt	tcy petition or cessation of the debtor's ier - 11 U.S.C. § 507(a)(4).		Taxes or penalties owed to go	vernmental units -	11 U.S.C. § 507(a)(8).
		ee benefit plan - 11 U.S.C. § 507(a)(5).	L	Other - Specify applicable par	• .	• ( / ( === - /
		3-1,-,-		* Amounts are subject to adju- with respect to cases commer		
	AL AMOUNT OF CLA TIME CASE FILED:	NM \$\$	125	000 \$		\$ 135,000
1.		(unsecured)		secured) "three rtain		(Total)
₹ Ch	eck this box if claim inclu	udes interest or other charges in addition to	tne principal	amount of the claim. Attach ite	emized statement of	of all interest or additional charges.
7. SUI	PPORTING DOCUM ning accounts, contract	of all payments on this claim has been on MENTS: <u>Attach copies of supporting doc</u> uts, court judgments, mortgages, security cuments are not available, explain. If the	<i>cuments,</i> su agreement	uch as promissory notes, pures, and evidence of perfection	chase orders, inv	voices, itemized statements of
	TE-STAMPED COP of of claim.	Y: To receive an acknowledgment of t	he filing of y	our claim, enclose a stampe	d, self-addressed	d envelope and copy of this
for	CEPTED) so that it is each person or entity rernmental units).	pleted proof of claim form must be se actually received on or before 5:00 po y (including individuals, partnerships,	m, prevailir corporatio	ng Pacific time, on Novemb ns, joint ventures, trusts a	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
	MAIL TO: C Group		BMC Gro	<u> </u>		
P. 0	n: USACM Claims Doc D. Box 911	_		ACM Claims Docketing Cente t Franklin Avenue	er	
	Segundo, CA 90245-09			do, CA 90245		
DATE /O	/ [ 1	SIGN and print the name and title, if any, of this claim (attach copy of power of atto	omey, if any):		re	

FORM BIG (Olik	ABI POTITI TO) (TO/OS)							
	BANKRUPTCY COURT		_			vada		PROOF OF CLAIM
Name of Dehtor USA Commercial Mortgage Company Case Number 06-10725-LBR								
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.								
Name of Creditor ( debtor owes money	The person or other entity to whom the or property):	٠ -	else h	as filed	a proof	aware that an of claim relat opy of statem	ing to	
	L. Pinnell, Trustee of the L. Pinnell Living Trust Dated 7/24/00			g partici		opy or statem	ent	
	where notices should be sent:	- ,				ve never receiving the second		
9915 Saddleba Lakeside, CA 9		$  \square  $	Check			ress differs fro		
	(619) 443-4527	1	he co	ourt.			u by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of a identifies debtor:	account or other number by which creditor	1 .		chere claim		aces ends a previo	ously filed	claim, dated:
1. Basis for Cl				_				U.S.C. § 1114(a) ion (fill out below)
Service  ✓ Money	s performed					digits of you compensation		ces performed
	l injury/wrongful death				om		to	•
Taxes  ✓ Other -	(See Exhibit "A")					(date)		(date)
2. Date debt w	as incurred: June 2004		3.	If cou	rt judg	ment, date o	btained:	
	of Claim. Check the appropriate box or boxes th	at best	desci	ibe you	r claim	and state the	amount o	f the claim at the time case filed
	for important explanations.  oriority Claim \$ 324,523.84		1	Secur	ed Cla	im		
Check this be	ox if: a) there is no collateral or lien securing you eds the value of the property securing it, or if c) claim is entitled to priority.	r claim, none or	, or	a righ	t of set	off).		secured by collateral (including
Unsecured Priori			$\dashv$	_	_	escription of (	Collateral: Motor V	
Check this be entitled to priority.	ax if you have an unsecured claim, all or part of w	vhich is				of Collateral:		es at time case filed included in
Amount entitled to	priority \$					, if any: \$		
Specify the priority of	the claim:							hase, lease, or rental of property
Domestic supp (a)(1)(B)	ort obligations under 11 U.S.C. § 507(a)(1)(A) o	r		507(a)		personai, iami	iy, or nou	sehold use - 11 U.S.C.
Wages, salaries	, or commissions (up to \$10,000),* earned withi	] n 180 ر	=			_		al units - 11 U.S.C. § 507(a)(8).
davs before filing o	f the bankruptcy petition or cessation of the debt r is earlier - 11 U.S.C. § 507(a)(4).	or's L	_		-	-	_	f 11 U.S.C. § 507(a)().  07 and every 3 years thereafter
Contributions	to an employee benefit plan - 11 U.S.C. § 507(a							after the date of adjustment.
5. Total Amou	nt of Claim at Time Case Filed;		٤.	324,52 (unsecu		324,523,8 (secured)		\$324,523.84 riority) (Total)
interest or addi				princip	al amou	ınt of the clair	m. Attach	itemized statement of all
6. Credits: The	e amount of all payments on this claim has been	credite	ed an	d deduc	ted for	the purpose of	of T	HIS SPACE IS FOR COURT USE ONLY
7. Supporting D	ocuments: Attach copies of supporting docum	<i>ents</i> , su	ch as	promi	ssory n	otes, purchase	,	
orders, invoices	itemized statements of running accounts, contra	acts, co	urt ju	dgmen	ts, mort	gages, securit	ty	
agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.								
8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.								
Date Date	Sign and print the name and title, if any, of	he cred	ilgh /	or other	person	authorized to	,	
1/08/07	file this claim (attach copy of power of atto Lynda L. Pinnell, Trustee	mey, if	and)	1.	a			
	- Junia	$\mathcal{U}$ (	VI.	Mm	ΛN			

UNITED STATES SARKAUPTE / COURT STATES	<del>322E</del> ற	<b>teres 06/22/11/21/1</b> /	<del>32 10</del> 4.a.e Plac	162141 of 11.	
	PRC	OF OF CLAIM		1( <b>1)</b>   <b>                                    </b>	
DISTRICT OF NEVADA 4 A TOTAL A			VOUD CI	AIM IS SCHEDULED AS:	
Name of Debtor:		mber:	Schedule/Claim II		
USA Commercial Mortgage Company	06-107	25-LBR	Amount/Classifica	ation	
l con common distriction of the contract of th			\$2,329,94 Unese	med MB	
	<u> </u>		see-pe	low wattached	
NOTE: See Reverse for List of Debtors and Case Numbers.  This form should not be used to make a claim for an administrative exc		Check box If you are	N.	° 28 10	
arising after the commencement of the case. A "request" for payment		aware that anyone else has	55	, <u> </u>	
administrative expense may be filed pursuant to 11 U.S.C. § 503.	ا   ا	filed a proof of claim relating	The amounts 2	ed abase constitute your claim as	
Name of Creditor and Address:		to your claim. Attach copy of statement giving particulars.	scheduled by Fiet	bebtor of pursuante a filed claim. If	
113212400	01252	statement giving particulars.	you agree with the	amounts set forth herein, and have no	
MARGUERITE FALKENBORG 2000	V,202	Check box if you have	other claim agains	the Date, you de not need to file EKCEPT as stated to le	
TRUST DATED 6/20/00	- 1	never received any notices	<b>-&lt;</b> <	? <b>Ti C</b>	
C/O MARGUERITE FALKENBORG TRUSTEE		from the bankruptcy court or BMC Group in this case.	Unliquidated or B	fown above are listed as Contingent, is puted, a proof of blaim must be	
727 3RD AVE	ł	Check box if this address	1911ad 273 (		
CHULA VISTA, CA 91910-5803	ľ	differs from the address on the	If you have	and the same with the	
619		envelope sent to you by the	Dankiupicy Court	or bivio, you do not need to life again.	
Creditor Telephone Number (6 19 427-0550		court.	THIS SPAC	E IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies	debtor:	Chack have	ces		
CLIENT ID 3070 3070		it this eleim Of	<ul> <li>a previously</li> </ul>	filed claim dated:	
		amer	108		
1. BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U.S	.C. § 1114(a)	Unremitted principal	
Goods sold Personal injury/wrongful death	Wages, s	salaries, and compensation	(fill out below)	Other claims against servicer	
Services performed Taxes	-	digits of your SS #:	(	(not for loan balances)	
Money loaned  Other (describe briefly)		ompensation for services pe	rformed from: 4	etection is been a	
grave	Onpaid C	omponsation for services pe	morniou nom. ?		
2. DATE DEBT WAS INCURRED:	3 IF CO	OURT JUDGMENT, DATE O	DETAINED:	(date) (date)	
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that				a time area filed	
See reverse side for important explanations.	mentte	deringination	-34c-4+1	ached document	
See reverse side for important explanations.	Ahere	SECURED CLAIM		.,	
Check this box if: a) there is no collateral or lien securing your claim, or b) you	nur claim	Check this box if y	our claim is secu	red by collateral (including	
exceeds the value of the property securing it, or if c) none or only part of you	r claim is	a right of setoff).			
exceeds the value of the property securing it, or if c) none or only part of you entitled to priority.	<u> </u>	Brief description of	collateral:		
UNSECURED PRIORITY CLAIM		X Real Estate	Motor Vehicle	Other	
Check this box if you have an unsecured claim, all or part of which is		Real Estate		21.501(1100	
entitled to priority.		Value of Collateral	eres over	21,6 million	
Amount entitled to priority \$		Amount of arrearage a	nd other charges	at time case filed included in	
Specify the priority of the claim:		secured claim, if any:	\$		
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	П	Up to \$2,225* of deposits toward	ard purchase, lease	or rental of property or	
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days	_	services for personal, family, o			
before filing of the bankruptcy petition or cessation of the debtor's		Taxes or penalties owed to go	vemmental units - 1	1 U.S.C. § 507(a)(8).	
business, whichever is earlier - 11 U.S.C. § 507(a)(4).		Other - Specify applicable para	agraph of 11 U.S.C.	§ 507(a) ().	
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		* Amounts are subject to adjus	stment on 4/1/07 an	d every 3 years thereafter	
		with respect to cases commen	ced on or after the		
5. TOTAL AMOUNT OF CLAIM \$ 3 9, 985:57 \$	755,	<u>38/,24</u> \$		\$ 793,366.81	
AT TIME CASE FILED:	(SI	ecured)	( priority)	Tunknown for freu	
Check this box if claim includes interest or other charges in addition to the	e principal a	amount of the claim. Attach ite	mized statement of	of all interest or additional charges.	
6. CREDITS: The amount of all payments on this claim has been cred					
<ol> <li>SUPPORTING DOCUMENTS Attach copies of supporting docu- running accounts, contracts, court judgments, mortgages, security a</li> </ol>	uments.	ch as promissory notes, pur	chase orders, inv	voices, itemized statements of	
DOCUMENTS. If the documents are not available, explain. If the documents are not available, explain.				DI SEND ORIGINAL	
8. DATE-STAMPED COPY: To receive an acknowledgment of the		•	•	d envelope and copy of this	
proof of claim.	i i	our dialiti, oridiodo a dialitipo	a, seiradaiesse	a crivotope and copy of the	
The original of this completed proof of claim form must be sen	t hy mail	or hand delivered (EAYES	NOT	THIS SPACE FOR COURT	
ACCEPTED) so that it is actually received on or before 5:00 pm				THIS SPACE FOR COURT USE ONLY	
for each person or entity (including individuals, partnerships, o				702 7.12	
governmental units). By MAIL TO: By HAND OR OVERNIGHT DELIVERY TO:					
	BY HAND OR OVERNIGHT DELIVERY TO BMC Group				
Attn: USACM Claims Docketing Center		CM Claims Docketing Cente	er		
P. O. Box 911  FI Segundo, CA 90245-0911	1330 East Franklin Avenue				
El Segundo, CA 90245-0911 El Segundo, CA 90245  TE SIGN and print the name and title, if any, of the creditor or other person authorized to file					
		<del></del>			
DATE SIGN and print the name and title, if any, of the	creditor or o	<del></del>			
	creditor or o	<del></del>			